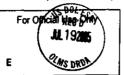
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3260	2. Fiscal Year Covered From:
	61 / 61 / 264 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Louise M Bayer	Name SEIG LU 1199
	Labor Organization File Number D31 877
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, If any
Street 310 W.43 51	Street 30 W.43 54
City W7	City NY
State N7 ZIP Code + 4 100 36	State DY ZIP Code + 4 / w 3 &
5. Position in labor organization.	0866
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
A Held an interest in engaged in transactions (including loans) with	or derived income or other economic benefit of
monetary value from an employer whose employees your organiz	sation represents or is actively seeking to represent.
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of sation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organiz	sation represents or is actively seeking to represent.
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name	sation represents or is actively seeking to represent.
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 9. Amount. 9. Amount. 9. Amount. 9. Amount. 9. Amount. 9. Amount. 10. Amount. 11. Amount. 12. Amount. 13. Amount. 14. Amount. 15. Amount. 16. Amount. 17. B. Amount. 18. Amount. 19. Amount. 19. Amount. 19. Amount. 19. Amount. 10. Amount. 10
monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 9. Amount. 9. Amount. 9. Amount. 9. Amount. 9. Amount. 10. Amount. 11. Amount. 12. Amount. 13. Amount. 14. Amount. 15. Amount. 16. Amount. 17. Amount. 18. Amount. 19. Amount. 19. Amount. 19. Amount. 10.

Name of Person Filling Louise M. Sayer	File Number 0- 32.6 C	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Cushiman & Wakifield Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 5 \ \(\omega \cdot \sigma \cdot	9. Business deals with:	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Read Estate 6.11ing Services	
Street	11.b. Approximate dollar value of such dealing. 43,800	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	2 bottles of wine a habiter Sild. Estrated value	
	12.b. Amount. \$0 . co	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	Transfer on 1 th on the page 14.	
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Louise 6946	File Number U- 3260
B. Held an interest in or derived income or economic benefit with monetary of substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Amal Sawo fell Bawk Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 11-15 Unitary Square City Plus Yalu State DY ZIP Code + 4 10003	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Commercial bouting
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Fruit basket as holiday gill Estimated value.
C. Received from any employer (other than an employer covered unde	12.b. Amount. SD.00
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.s. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filling Louise M. Bayes	File Number U- 3260	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Consolidate Color (inc. 55) Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 2.35 Savenach Ave. City Av State Av ZiP Code + 4 Itnal - 6708	9. Business deals with: X a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Printing	
Street		
City	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held or income received. Silt basket or holiday Silt. Estmoded value	
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14,a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	definition of the state of the	
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Louise M. 13940	File Number U- 3260
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Augusted Data Processing Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Mail Stup 208, 99 Defluson RE City Parsingany State NY ZIP Code + 4 070 sy - 1950	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Paywill Services
Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. 109,700 12.a. Nature of interest held or income received. Gift besket a haliday Sift. Gatimated value
C. Received from any employer (other than an employer covered unde	12.b. Amount. SD / CO
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.